

Grants Program, Office of Innovation South Carolina Department of Education 1429 Senate Street, Suite 1101 Columbia, SC 29201 grants@ed.sc.gov (803) 734-5810

Logic Models and Program Planning

Date:	☐ February 26, 2009	<u>Deadline for registration</u> February 12, 2009
Location:	Wilson Boulevard, Columbia, Sout accessed at:	th Carolina. Directions to the facilities can be
Importan	t Information	
This work	South Carolina Department of Education Career Development Center, 8016 Wilson Boulevard, Columbia, South Carolina. Directions to the facilities can be accessed at: http://www.ed.sc.qov/agency/offices/grants/documents/CDCLocationMap.pdf rtant Information workshop is for experienced grant writers or alumni of the SCDE grant writing shop series. tendees are encouraged to bring a grant application. or meals, beverages, or snacks will be provided. You may bring your own. Free parking is aliable. agreent is non-refundable and registration is limited. ass begins promptly at 9:00 a.m. and ends at 4:00 p.m. to Register Implete all the information requested below, and send this form with payment (not a purchase er) to the Grants Program in the Office of Innovation at the address at the top right of this page ment must accompany this registration form. ciscks must be payable to South Carolina Department of Education. gistration and \$75 payment must be received in the Office of Innovation by 5:00 p.m. on the dline. If seats are available, late registration (\$100) will be accepted. Employer Telephone Employer Telephone E-mail Address	
No mea availablePaymen	ls, beverages, or snacks will be prov e. It is non-refundable and registration i	ided. You may bring your own. Free parking is s limited.
How to Register		
order) to the Payment Checks makes Registrati	the Grants Program in the Office of In must accompany this registration for nust be payable to South Carolina De on and \$75 payment must be recei	nnovation at the address at the top right of this page. m. epartment of Education. ved in the Office of Innovation by 5:00 p.m. on t
Name		Employer Telephone
Employer		Home Telephone
Employer Address		E-mail Address
City, State, Zip		Have you ever written a grant? □Yes □ No

After the Office of Innovation receives payment and this completed registration form, a confirmation of your registration will be sent to the e-mail address you have provided.

Please keep a copy of this registration form for your records.